



94/2615

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/458,109	
	Filing Date	December 8, 1999	
	First Named Inventor	Wayne Huang	
	Art Unit	2615	
	Examiner Name	Christopher O. Onuaku	
Total Number of Pages in This Submission	7	Attorney Docket Number	CT-317

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Request for Withdrawal as Attorney (in triplicate); Attachment to Request for Withdrawal as Attorney or Agent (in triplicate).</b>
<div>Remarks</div>		

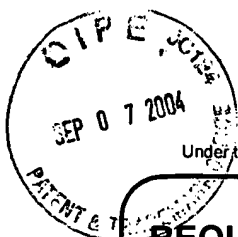
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David B. Ritchie, Reg. No. 31,562
Signature	
Date	9-3-04

### CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Beatrice Orozco		
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/458,109
Filing Date	December 8, 1999
First Named Inventor	Wayne Huang
Art Unit	2615
Examiner Name	Christopher O. Onuaku
Attorney Docket Number	CT-317

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☒ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ all the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Per Client instructions to transfer case

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Intel Corporation				
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Name	David B. Ritchie				
Signature			Registration No.	31,562	
Date	9-3-04		Telephone No.	408-292-5800	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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**Attachment to Request for Withdrawal as Attorney or Agent**

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